

Transition of COVID Related Actions During Pandemic to Sustainable Approaches CDC Guidance

During the pandemic, CDC issued numerous new guidance pertaining to COVID (of which CMS QSO memos refer to & nursing homes are held accountable to follow or face citation/penalty). At this stage in the pandemic, we recommend CDC update the guidance including those noted below addressing screening, testing, added PPE and quarantine.

We make these recommendations with safety and quality of life at top of mind for the residents served in nursing homes across the country, while also supporting the workforce that makes the provision of care and services to residents possible. Recovery from the wide-reaching trauma of the COVID-19 pandemic is critical for the LTC sector and advancing these recommendations is an important step to support that recovery. We recommend CMS update any associated regulation or guidance accordingly.

Impact on Provision of Resident Care/Services	Transitions Recommended for Guidance to Nursing Homes:
<p>Screening:</p> <p>Requires staff resources and time, detracting from same resources that should be allocated directly to residents. Rarely, if ever has this actually “caught” someone at the door related to symptoms.</p> <p>Screening guidance is variably interpreted by CMS and CDC and has led to forms of active screening that do not seem necessary at this stage in the pandemic, including active monitoring of all residents at least daily for fever and symptoms of COVID.</p>	<ul style="list-style-type: none"> Remove screening requirement-QSO-20-39-NH and in CDC guidance- Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes Discontinue at least daily temperature check of all residents and instead follow facility's change of condition process for evaluating residents. If screening is not removed, then allow for self-screening & self-report per signage (similar to guidance in other health care settings).
<p>Testing:</p> <p>Nursing homes are the only remaining health care setting across the country that has extensive COVID-19 testing requirements for staff and residents, including screening testing for HCP who are asymptomatic without known exposure, based on community level (substantial to high = 2/week; moderate = 1x/week).</p> <p>Testing per the current guidance is consuming already limited staff time and financial resources that are needed for core resident care and services. We believe at this stage in the pandemic testing guidance should be reduced to symptomatic testing only and/or exposure</p>	<ul style="list-style-type: none"> Reduce testing requirements and eventually remove CMS QSO-20-38-NH & CDC Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes - COVID Data Tracker Community Transmission Levels), change to symptomatic testing only and/or under exposure CDC guidelines.

<p>induced as currently recommended for other health care settings.</p> <p>In addition, the current guidance defines a potential outbreak as a single new COVID case in any HCP or a nursing home onset COVID case in a resident. This criteria is not used in other healthcare settings.</p>	<ul style="list-style-type: none"> • Change outbreak definition to 3 or more nursing home acquired COVID-19 infections.
<p>Added PPE:</p> <p>At this stage in the pandemic, long term care residents and staff are experiencing unintended consequences related to the existing CDC guidance. For example, long term care residents have not seen the full faces of their direct caregivers and other staff for more than two years – for some residents that is their entire time living in the nursing home or from the day they met their caregivers. This is particularly difficult for residents with cognitive impairment as non-verbal communication is so influential in the overall interaction. Families remark how the continual mask and additional PPE use has made what used to feel like a home, now feel like a medical or “sterile” environment.</p> <p>Direct caregivers are experiencing significant mask fatigue and nursing homes are finding it even more challenging to recruit and retain staff when they can work in other care settings without being required to wear a mask. With the expansion of the lifesaving COVID-19 booster vaccines and antiviral treatments, it is unclear how such stringent IPC mask wearing practices provide protections to residents and such practices may not recognize the unintended harm they may be inflicting. Based on the gains our nation has achieved at this stage in the pandemic, we believe the evidence supports modifications to the use of masks and other PPE.</p>	<ul style="list-style-type: none"> • Reduce requirements for additional use of PPE when risks are low such as related to community transmission level, resident/staff vaccination rates (i.e., reduce face shield/goggles, mask wearing). CDC Interim IP&C Recommendations for HCP During the COVID-19 Pandemic also referred to in Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes • Remove source control for fully vaccinated HCP and residents when in areas of low-mod community transmission, except for when providing care to residents with known or suspected COVID-19. • Allow staff to remove source control when not providing direct hands-on close contact resident care, such as in communal areas. • Specify use of N95 for source control does not require fit testing. • Reduce required eye protection (goggles or face shield) for use when close contact with residents with known or suspected COVID-19.
<p>Quarantine:</p> <p>Under current CDC guidance, residents and staff of nursing homes are required to follow quarantine time periods that exceed the community guidelines (10 or 7 days vs. 5 days in community). This includes residents who are newly admitted to the facility and residents who are returning to the facility from a hospital stay.</p>	<ul style="list-style-type: none"> • Reduce quarantine for residents and staff to match that of the community guidelines (5-days) CDC guidance which also references CDC nursing home guidance. • Reduce quarantine for new admission and readmission to only those residents in communities with substantial to high transmission rates and who are not up-to-date with vaccination to be placed in quarantine.

We recommend updating this guidance to match community guidelines for consistency, to support residents being able to socialize and staff being able to return to work and life activities.

We also recommend flexibility for the facility to decide on patient placement to minimize unintended consequences for residents.

- Allow for flexibilities when deciding on patient placement including moving to another room or quarantine in place based on facility determination which may include physical environment layout and staffing resources.

CMS Regulation/Guidance: Update any associated CMS regulation and/or guidance accordingly to recommendations above.